

# **EXHIBIT A**

Macarena Tijerina  
3006 Prairie Place  
Sugar Land, TX. 77479

**PROOF OF SERVICE**

I, **Macarena Tijerina**, the undersigned, certify, and do declare I am over the age of 18 years, to the attached foregoing cause of action on the Feb. 21, 2014 I served a true copy of:

**REQUEST FOR EMRGENCY MEDICAL ATTENTION AND REQUEST FOR TRANSFER AND  
RQUEST FOR INCIDENT REPORT**

By depositing it in post office, postage fully Prepaid, thereto and personally turned over to an United States Post Office to be served upon the following:

**REEVES COUNTY DETENTION CENTER COMPLEX (R1 & R2)**  
**98 West County Rd. 204**  
**P. O. Box 1560**  
**Pecos, TX. 79772**

I WILL TESTIFY UNDER THE PENAL AND PERJURY THAT THIS IS A TRUE. THE ITEMS WERE  
MAILED FIRST CLASS MAIL ON THE DATE BELOW.

Respectfully Submitted

Date: Feb. 21, 2014

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Macarena Tijerina

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3006 Prairie Place  
Sugar Land, TX. 77479

Mr. Tijerina also feels that his life is in danger at this current facility, his life is at risk while incarcerated, there is prove of abuse and assault, there is collective evidence in which the facility refuse to provide. This formal written request.

Thank you for your time on this important and urgent matter.

Date: Feb. 21, 2013

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Macarena Tijerina

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3006 Prairie Place  
Sugar Land, TX. 77479

reasonable doctor or patient would perceive the medical need in question as important and worthy of comment or treatment; (2) whether the medical condition significantly affects daily activities; and (3) the existence of chronic and substantial pain." Additionally, courts will be likely to find a "serious medical need" if a condition "has been diagnosed by a physician as mandating treatment or ... is so obvious that even a lay person would easily recognize the necessity of a doctor's attention." Is Mr. Tijerina case.

The Eighth Amendment requires that prison officials provide a system of ready access to adequate medical care. Prison officials show deliberate indifference to serious medical needs if prisoners are unable to make their medical problems known to the medical staff or if the staff is not competent to examine the prisoners, diagnose illnesses, and then treat or refer the patient. The prison must also provide an adequate system for responding to emergencies. If outside facilities are too remote or too inaccessible to handle emergencies promptly and adequately, then the prison must provide adequate facilities and staff to handle emergencies within the prison. See *Clement v. Gomez*, 298 F.3d 898, 904 (9th Cir. 2002), *Estelle v. Gamble*, 429 U.S. at 104. See Also *Brock v. Wright*, 315 F.3d 158, 162 (2nd Cir. 2003).

Mr. Tijerina have the right to adequate medical care and is protected by the Eighth Amendment to the U.S. Constitution. The leading case dealing with the rights of prisoners to medical care, from an Eighth Amendment perspective, is Estelle v. Gamble 429 U.S. 97, 97 S.Ct. 285 (1976).

There are two parts to the test set forth in Estelle. First, a prisoner must show that officials were "deliberately indifferent" to his/her medical needs. Second, the needs must be "serious". The definition of "serious needs". A Mr. Tijerina condition is very delicate at the point that he can have a stroke as consequences of his medical need. Ramsey v. Ciccone, 310 F.Supp. 600 (W.D. Mo.1970).

### REQUEST FOR TRANSFER

We are requesting prison transfer for our brother Manuel Tijerina based of several instances in which involve the distance, medical attention, and avoid his death.

Our brothers have been sent to a prison far away from his family, it is hart to visit him, we requesting be transfer so that our family members can visit. We are aware that the warden cannot possibly grant every request for a prison transfer he receives.

Mr. Tijerina has a medical condition that cannot be adequately treated at the current facility.

Macarena Tijerina  
3006 Prairie Place  
Sugar Land, TX. 77479

**REEVES COUNTY DETENTION CENTER COMPLEX (R1 & R2)**

98 West County Rd. 204. P. O. Box 1560 Pecos, TX. 79772

Dear Mr. Lavaugan Ganto  
Assistant Warden of Program

I write to you out of deep concern for the current state of health on my brother Manuel Tijerina No. 10638279 who is serving time in this facility. I am aware that Prison officials are obligated under the Eighth Amendment to provide prisoners with adequate medical care. This principle applies regardless of whether the medical care is provided by governmental employees or by private medical staff under contract with the government.

This is the second letter we have been send to the facility, the first letter was send on 1/27/2014 directed to Ms. Fuentes case manager which has not been responded. On the week between 17 and 21 of Feb. personal in charge in your office has call Mr. Manuel Tijerina showing the letter we have send on 1/27/2014, and mocking responded he will not be transferred nowhere, because he don't want to.

Our brother Manuel Tijerina has requested several time for medical attention, I will not argue that my brother has a crime and is serving time as mandated by law. My brother's health has suffered in the confinement of the local prison.

We have been informed that he is suffering from heart disease, high blood pressure, cholesterol, and diabetes, we have been informed that is not receiving his medication for cardio vascular device, he is about to suffer a fatal stroke as consequences of his medical need it. We have been informed that he is requesting medical attention without being responded. (See Attach A request for medical Attention).

Urgently needs to be transferred to a hospital for immediate attention, and be urgently to be transferred to deferent facility in order to receive an appropriate medical attention. Mr. Tijerina has suffered an assault in the facility on November 2013, he was attacked by other prisoners while sleeping, we are requesting his medical record, additionally we are requesting report of the incident when was attacked. Mr. Tijerina file a request for incident report, in respond said the He cannot have that material in possession, (See Attach B). We are asking that you kindly allow a medical doctor to us, along with the incident report from Nov. 2013. By saving his life, he can serve time for his punishment and justice can be serve to those he has harmed.

I and all here who share my concern would be gratified by a reply from you as soon as possible. We want you to know that our concern for the basic rights of humans is not of a political nature, but of familial concern.

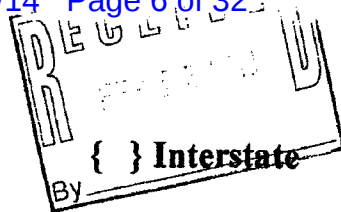
The Eighth Amendment prohibits the "unnecessary and wanton infliction of pain. "Some factors courts have considered in determining whether a "serious medical need" is at issue are "(1) whether a

**THE GEO GROUP, INC.****Big Spring Correctional Center**

{ } Airpark

{ } Cedar Hill

{ X } Flightline



**INMATE REQUEST TO A STAFF MEMBER**  
**PETICION DE INTERNOS PARA UN MIEMBRO INSTITUCIONAL**

TO/PARA:

*Sr. Boardman Sam**2/22/13*

(NAME AND TITLE OF OFFICER/NOMBRE Y TITULO DEL OFFICIAL)

SUBJECT:

STATE, COMPLETELY, BUT BRIEFLY, THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE, AND WHAT YOU THINK SHOULD BE DONE. (GIVE DETAILS)

RAZON:

ESTIPULE COMPLETO PERO BREVEMENTE EL PROBLEMA CON EL CUAL DESEA ASISTENCIA Y LO QUE DEBE SER HECHO. (DAR DETALLES)

*Con todo respeto le avisara por lo si  
 por favor me podria dar el dia 11 de marzo  
 una visita especial, por viene mi madre desde  
 Montemorelos, Coahuila, y es por eso que lo  
 pide a usted, Sr. Boardman, que es el Sr. de marzo  
 de 2013, lo recorda su oficina grande*

(USE OTHER SIDE OF PAGE IF MORE SPACE IS NEEDED.)

(USE EL ATRO LADO DE LA HOJA SI MAS ESPACIO ES NECESITADO.)

NAME/NOMBRE:

*Miguel A. Lopez*

No./Numero:

*163419*

WORK ASSIGNMENT/ASIGNACION DE TRABAJO:

UNIT/UNIDAD:

*Sho 810*

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

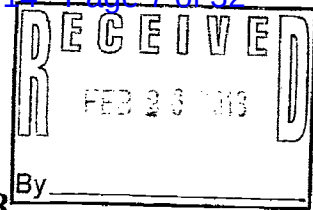
NOTA: Si usted sigue las instrucciones en preparar su peticion, puede ser dispuesta mas rapida y inteligentemente. Usted sera entrevistado si es necesario para poder manejar su peticion satisfactoriamente. Su negligencia en declarar su problema especificamente puede resultar en que no se tome alguna accion.

DISPOSITION: (DO NOT WRITE IN THIS SPACE)

DATE/FECHA:

DISPOSICION: (NO ESCRIBA EN ESTE ESPACIO)

Officer/Official



**The GEO Group, Inc.**  
**BIG SPRING CORRECTIONAL CENTER**

{ } Airpark { } Cedar Hill { } Flightline { } Interstate

**INMATE REQUEST TO A STAFF MEMBER**  
**PETICION DE INTERNOS PARA UN MIEMBRO INSTITUCIONAL**

TO/PARA:

(NAME AND TITLE OF OFFICER/NOMBRE Y TITULO DEL OFICIAL)

SUBJECT: STATE, COMPLETELY, BUT BRIEFLY, THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE, AND WHAT YOU THINK SHOULD BE DONE. (GIVE DETAILS)

RAZON: ESTIPULE COMPLETO PERO BREVEMENTE EL PROBLEMA CON EL CUAL DESEA ASISTENCIA Y LO QUE DEBE SER HECHO. (DAR DETALLES)

Hacerlo que me ayude, por me siento  
 en una celda por un M.S. 13 y el  
 son una persona de la que no se  
 siento seguro, por lo que esta  
 porque no lo dejan salir, por lo que  
 piden que no se me vaya al  
 y me voy a ir a la celda  
 y me voy a ir a la celda

(USE OTHER SIDE OF PAGE IF MORE SPACE IS NEEDED.)

(USE EL ATRO LADO DE LA HOJA SI MAS ESPACIO ES NECESITADO.)

NAME/NOMBRE:

No./Numero:

WORK ASSIGNMENT/ASIGNACION DE TRABAJO:

UNIT/UNIDAD:

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed. If necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

NOTA: Si usted sigue las instrucciones en preparar su petición, puede ser dispuesta mas rápida y inteligentemente. Usted sera entrevistado si es necesario para poder manejar su petición satisfactoriamente. Su negligencia en declarar su problema especificamente puede resultar en que no se tome alguna accion.

DISPOSITION: (DO NOT WRITE IN THIS SPACE)

DATE/FECHA:

DISPOSICION: (NO ESCRIBA EN ESTE ESPACIO)

Released to G.P.

Officer/Oficial

IM-005 ATTACHMENT A

BSCC PS ISM-005

01/2012

Page 2 of 2

misma no se a quien acudir por favor  
ayúdeme con mi problema, también quiero  
saber los resultados de el día que fui  
al hospital por 5 días por mi problema de  
corazon quisiera tener el reporte de todo  
necesito ayuda por favor.

gracias  
Mama



RECEIVED  
R.P. HSAA

JUN 27 2012

JUN 25 2012

HEALTH SERVICE  
ADMINISTRATION

{ } Airpark

THE GEO GROUP, INC.  
Big Spring Correctional Center  
{ } Cedar Hill { } Flightline { } InterstateINMATE REQUEST TO A STAFF MEMBER  
PETICION DE INTERNOS PARA UN MIEMBRO INSTITUCIONALTO/FARA: Sr. Farquhar 6/20/12  
(NAME AND TITLE OF OFFICER/NOMBRE Y TITULO DEL OFICIAL)SUBJECT: STATE, COMPLETELY, BUT BRIEFLY, THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE,  
AND WHAT YOU THINK SHOULD BE DONE. (GIVE DETAILS)  
RAZON: ESTIPULE COMPLETO PERO BREVEMENTE EL PROBLEMA CON EL CUAL DESEA  
ASSISTANCIA Y LO QUE DEBE SER HECHO. (DAR DETALLES)

me permito pedirle si me puede ayudar  
necesito un soporte para mi cintura pues estoy  
herniado y necesito un soporte para el trabajo  
y otro para mi brazo, porque despues de los  
golpes que recibí de los países me queda muy  
dañado el cuerpo necesito su atención por  
Favor ayudarme y tengo mucho problema con el  
balance o equilibrio

(USE OTHER SIDE OF PAGE IF MORE SPACE IS NEEDED.)  
(USE EL OTRO LADO DE LA HOJA SI MAS ESPACIO ES NECESITADO.)

NAME/NOMBRE: Manuel Tserim N. No./Numero: 10638279WORK ASSIGNMENT/ASIGNACION DE TRABAJO: Cocina UNIT/UNIDAD: E-01-02  
104-023L

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

NOTA: Si usted sigue las instrucciones en preparar su petición, puede ser dispuesta mas rápida y inteligentemente. Usted será entrevistado si es necesario para poder manejar su petición satisfactoriamente. Su negligencia en declarar su problema específicamente puede resultar en que no se tome alguna acción.

Submit a sick call request  
form and watch the call-outs  
for your appointment.

Rose Perez, HSAA

JUN 27 2012

Officer/Oficial

## THE GEO GROUP, INC.

Big Spring Correctional Center

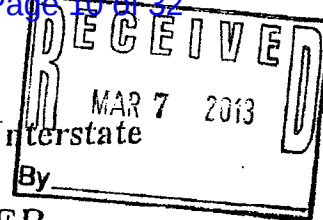
RECEIVED } Airpark

{ } Cedar Hill

{X} Flightline

{ } Interstate

By



MAR 19 2013

## INMATE REQUEST TO A STAFF MEMBER

## PETICION DE INTERNOS PARA UN MIEMBRO INSTITUCIONAL

HEALTH SERVICE  
ADMINISTRATION

TO/PARA:

Miss. Corvajal

(NAME AND TITLE OF OFFICER/NOMBRE Y TITULO DEL OFICIAL)

3/4/13

Referred to

SUBJECT:

STATE COMPLETELY, BUT BRIEFLY, THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE, AND WHAT YOU THINK SHOULD BE DONE. (GIVE DETAILS)

RAZON:

ESTIPULE COMPLETO PERO BREVEMENTE EL PROBLEMA CON EL CUAL DESEA ASISTENCIA Y LO QUE DEBE SER HECHO. (DAR DETALLES)

Medical

3/7/13

Necesito que hable con el doctor o las Enfermeras  
pues ya tengo mas de 20 dias sin la pastilla  
pla uix, para mi es muy importante esa pastilla  
pues yo tengo stents y no quiero tener otro  
infarto o algo peor, ya les dije varias  
veces y no tengo respuesta de todo eso  
necesito esa pastilla gracias

(USE OTHER SIDE OF PAGE IF MORE SPACE IS NEEDED.)

(USE EL ATRO LADO DE LA HOJA SI MAS ESPACIO ES NECESITADO.)

NAME/NOMBRE:

Manuel Tijerina

No./Numero:

106.38279

WORK ASSIGNMENT/ASIGNACION DE TRABAJO:

X

UNIT/UNIDAD:

Shu 810

206.101111

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

NOTA: Si usted sigue las instrucciones en preparar su peticion, puede ser dispuesh mas rapida y inteligentemente. Usted sera entrevistado si es necesario para poder manejar su peticion satisfactoriamente. Su negligencia en declarar su problema especificam ente puede resultar en que no se tome alguna accion.

DISPOSITION: (DO NOT WRITE IN THIS SPACE)

DATE/FECHA:

DISPOSICION: (NO ESCRIBA EN ESTE ESPACIO)

Your mess are in the Nurse  
will distribute them to you

Rose Vega

Medical Admin. Assistant.

MAR 19 2013

Officer/Official

## THE GEO GROUP, INC.

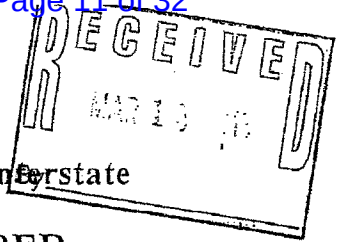
Big Spring Correctional Center

{ } Airpark

{ } Cedar Hill

{X} Flightline

{ } Interstate



# INMATE REQUEST TO A STAFF MEMBER

## PETICION DE INTERNOS PARA UN MIEMBRO INSTITUCIONAL

TO/PARA:

(NAME AND TITLE OF OFFICER/NOMBRE Y TITULO DEL OFFICIAL)

~~Warden~~ WARDEN Dobbbs

SUBJECT:

STATE, COMPLETELY, BUT BRIEFLY, THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE, AND WHAT YOU THINK SHOULD BE DONE. (GIVE DETAILS)

RAZON:

ESTIPULE COMPLETO PERO BREVEMENTE EL PROBLEMA CON EL CUAL DESEA ASISTENCIA Y LO QUE DEBE SER HECHO. (DAR DETALLES)

Querido saber que van a hacer  
con mi caso pero ya tengo un  
jefe y no sé algo que me va a ayudar  
ahora que va a hacer por favor ya  
estoy muy deprimido por todo esto

(USE OTHER SIDE OF PAGE IF MORE SPACE IS NEEDED.)  
(USE EL ATRO LADO DE LA HOJA SI MAS ESPACIO ES NECESITADO.)

NAME/NOMBRE:

Manoel Tijerina

No./Numero:

10638219

WORK ASSIGNMENT/ASIGNACION DE TRABAJO:

✓

UNIT/UNIDAD:

SPD 8/10

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

NOTA: Si usted sigue las instrucciones en preparar su petición, puede ser dispuesta mas rapida y inteligentemente. Usted sera entrevistado si es necesario para poder manejar su petición satisfactoriamente. Su negligencia en declarar su problema especificamente puede resultar en que no se tome alguna accion.

DISPOSITION: (DO NOT WRITE IN THIS SPACE)

DATE/FECHA:

DISPOSICION: (NO ESCRIBA EN ESTE ESPACIO)

Officer/Official

## U.S. DEPARTMENT OF JUSTICE

## FEDERAL BUREAU OF PRISONS

1. Institution: BSC AIRPARK UNIT

2417925

## Part I - Incident Report

2. Inmate's Name Tijerina-Herrera, Manuel	3. Register Number 10638-279	4. Date of Incident 03-01-2013	5. Time 12:25 pm
6. Place of Incident Compound office	7. Assignment Un-assigned	8. Unit A01-114L	
9. Incident Refusing a program assignment			10. Code 306

11. Description Of Incident (Date: 03-01-2013 Time: 12:25 pm Staff became aware of incident)

On 03-01-2013 at approximately 12:24 pm Inmate Tijerina-Herrera, Manuel 20638-279 walked into compound Office and told me he wanted to be placed in administrative detention and could not be in the general population at the Airpark Unit. I asked him who told him to leave or threatened him if he did not leave. He stated that he could not identify those inmates. At 12:25 pm I ordered inmate Tijerina-Herrera, Manuel back to the compound and he refused by saying, "No, I do not want to go back to this yard". The Inmate was then escort to R & D pending transfer to the Flightline Special Housing Unit. Inmate Tijerina-Herrera, Manuel was identified by his Identification card and GEO track photo.

12. Typed Name/Signature of Reporting Employee J. Juarez/ <i>[Signature]</i>	13. Date And Time 03-01-2013, 12:38 pm	
14. Incident Report Delivered to Above Inmate By (Type Name/Signature) <i>[Signature]</i>	15. Date Incident Report Delivered 3-01-13	16. Time Incident Report Delivered 1:00 pm

## Part II - Committee Action

17. Comments of Inmate to Committee Regarding Above Incident <i>That they jumped me here at Flightline. Those guys that jumped me, and they were at Airpark now. I can't walk any of the yards. It wasn't the Captain. I was in laundry area.</i>	
18. A. It is the finding of the committee that you: <input checked="" type="checkbox"/> Committed the Prohibited Act as charged. <input type="checkbox"/> Did not Commit a Prohibited Act. <input type="checkbox"/> Committed Prohibited Act Code(s)	B. <input type="checkbox"/> The Committee is referring the Charge(s) to the DHO for further Hearing. C. <input checked="" type="checkbox"/> The Committee advised the inmate of its finding and of the right to file an appeal within 20 calendar days.

19. Committee Decision is Based on Specific Evidence as Follows:

*Based on self admission*  
*Based on body of report*

20. Committee action and/or recommendation if referred to DHO (Contingent upon DHO finding inmate committed prohibited act)

*Lo Violation* *3 months* *begin 3-11-13 end 6-11-13*

21. Date And Time of Action <i>330 / 3-7-13</i>	(The UDC Chairman's signature certifies who sat on the UDC and that the completed report accurately reflects the UDC proceedings.)
Chairman (Typed Name/Signature) <i>[Signature]</i>	Member (Typed Name) <i>[Signature]</i>

INSTRUCTIONS: All items outside heavy rule are for staff use only. Begin entries with the number 1 and work up. Entries not completed will be voided by staff.  
DISTRIBUTE: ORIGINAL-Central File record; COPY-1- DHO; COPY-2- Inmate After UDC Action; COPY-3- Inmate within 24 hours of Part I Preparation.

RECEIVED  
R.F. HSAA

JUN 27 2012

JUN 25 2012

HEALTH SERVICE  
ADMINISTRATION

{ } Airpark

THE GEO GROUP, INC.  
Big Spring Correctional Center  
{ } Cedar Hill { } Flightline { } InterstateINMATE REQUEST TO A STAFF MEMBER  
PETICION DE INTERNOS PARA UN MIEMBRO INSTITUCIONALTO/PARA: Medico Dr. P. Flores 6/20/12  
(NAME AND TITLE OF OFFICER/NOMBRE Y TITULO DEL OFICIAL)SUBJECT: STATE, COMPLETELY, BUT BRIEFLY, THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE,  
AND WHAT YOU THINK SHOULD BE DONE. (GIVE DETAILS)  
RAZON: ESTIPULE COMPLETO PERO BREVEMENTE EL PROBLEMA CON EL CUAL DESEA  
ASSISTANCIA Y LO QUE DEBE SER HECHO. (DAR DETALLES)

*Ya he puesto Sick call para poder ver y ser  
atendido por un medico no por enfermeras  
por favor quisiera pedirle si me pueden atender  
pues me siento muy mal por no tener atencion  
de parte de un Doctor me siento mal y no puedo  
tener equilibrio o balanza despues de la golpizas  
que me dieron los paisas en Flightline y por lo ->*

(USE OTHER SIDE OF PAGE IF MORE SPACE IS NEEDED.)  
(USE EL OTRO LADO DE LA HOJA SI MAS ESPACIO ES NECESITADO.)

NAME/NOMBRE: Manuel Tijerina IV. No./Numero: 10638279  
WORK ASSIGNMENT/ASIGNACION DE TRABAJO: Cooking UNIT/UNIDAD: E-01-02

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

NOTA: Si usted sigue las instrucciones en preparar su petición, puede ser dispuesta mas rápida y inteligentemente. Usted será entrevistado si es necesario para poder manejar su petición satisfactoriamente. Su negligencia en declarar su problema puede resultar en que no se tome alguna acción.

**Submit a sick call request  
form and watch the call-outs  
for your appointment.**

*R* JUN 27 2012  
Rose Perez, HSAA  
Officer/Official



**CORNELL COMPANIES, INC.****RECEIVED**

{ } Airpark

{X} Cedar Hill

{ } Flightline

{ } Interstate

SEP 25 2012

**INMATE REQUEST TO A STAFF MEMBER By: Erica Cobos**  
**PETICION DE INTERNOS PARA UN MIEMBRO INSTITUCIONAL**

TO/PARA:

Senior Warde

(NAME AND TITLE OF OFFICER/NOMBRE Y TITULO DEL OFFICIAL)

SUBJECT:

STATE, COMPLETELY, BUT BRIEFLY, THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE, AND WHAT YOU THINK SHOULD BE DONE. (GIVE DETAILS)

RAZON:

ESTIPULE COMPLETO PERO BREVEMENTE EL PROBLEMA CON EL CUAL DESEA ASISTENCIA Y LO QUE DEBE SER HECHO. (DAR DETALLES)

I need to Comout of the SHU I have 2 months  
 Beacauce of my medical Problem  
 I am Sick from my Heart, to  
 be good tacken care of. my wife  
 is talking to my lawyer I have  
 Done Nothing wrong a Bad It's only  
 a Investigation It takes to long

(USE OTHER SIDE OF PAGE IF MORE SPACE IS NEEDED.)

(USE EL ATRO LADO DE LA HOJA IS MAS ESPACIO ES NECESITADO.)

NAME/NOMBRE:

Manuel Tijerina Jr.

No./Numero:

10638229

WORK ASSIGNMENT/ASIGNACION DE TRABAJO:

UNIT/UNIDAD:

SHU

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NOTA: Si usted sigue las instrucciones en preparar su peticion, puede ser dispuesta mas rapida y inteligentemente. Usted sera entrevistado si es necesario para poder manejar su peticion satisfactoriamente. Su negligencia en declarar su problema especificamente puede resultar en que no se tome alguna accion.

DISPOSITION: (DO NOT WRITE IN THIS SPACE)

DATE/FECHA:

9-26-12

DISPOSICION: (NO ESCRIBA EN ESTE ESPACIO)

You will not be released until the SIS investigation is completed.

Ward Jr

Officer/Official

BSCC – GEO - Cedar hill Unit  
Institution


# INMATE'S COPY

Date/Time: 11-30-2012 / 11:00pm

TO: Special Housing Unit Officer  
FROM CS. J. Calk , (Name/Title)  
SUBJECT: Placement of Mauel , Tijerina Reg. No. #10638-279 in Administrative Detention.

- ☐ (a) Is pending a hearing for a violation of Bureau regulations;  
☐ (b) Is pending investigation of a violation of Bureau regulations;  
☐ (c) Is pending investigation or trial for a criminal act;  
☐ (d) Is to be admitted to Administrative Detention.  
☒ (1) since the inmate has requested admission for protection;

I hereby request placement in Administrative Detention for my own protection.

Inmate Signature /Reg. No. 

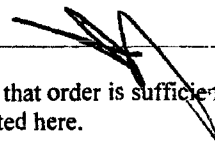
Staff Witness Printed Name & Signature 

- ☐ (2) Since a serious threat exists to individual's safety as perceived by staff, although person has not requested admission; referral of the necessary information will be forwarded to the UDC/DHO for appropriate hearing.  
☐ (e) Is pending transfer or is in holdover status during transfer  
☐ (f) Is pending classification; or  
☐ (g) Is terminating confinement in Disciplinary Segregation and has been ordered into Administrative Detention by the Senior Warden's designee.

It is this officer's decision based on all the circumstances that the above named inmate's continued presence in the general population poses a serious threat to life, property, self, staff, other inmates, or to the security or orderly running of the institution because

**Inmate Mauel , Tijerina #10638-279 is being placed in administrative detention pending SIS investigation**

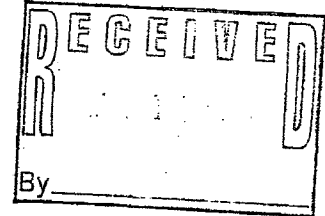
Therefore, the above named inmate is placed in Administrative Detention until further notice. The inmate received a copy of this order on (date/time) 11-30-2012 / 11:05pm

Staff Witness Signature/Printed Name 

Date: 11-30-2012

In the case of DHO action, reference to that order is sufficient. In other cases, the officer will make an independent review and decision, which is documented here.

BSCC/GEO GROUP, INC.


☐ Airpark    ☐ Cedar Hill    ☐ Flightline    ☐ Interstate

## INMATE REQUEST TO A STAFF MEMBER

~~PETICION DE INTERNOS PARA UN MIEMBRO INSTITUCIONAL~~
 TO/PARA: Mr. Perain 3/15/13  
 (NAME AND TITLE OF OFFICER/NOMBRE Y TITULO DEL OFICIAL)

 SUBJECT: STATE, COMPLETELY, BUT BRIEFLY, THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE AND  
 WHAT YOU THINK SHOULD BE DONE. (GIVE DETAILS)  
 RAZON: ESTIPULE COMPLETO PERO BREVEMENTE EL PROBLEMA CON EL CUAL DESEA ASISTENCIA Y LO  
 QUE DEBE SER HECHO. (DAR DETALLES)

*Ya se le mandado a Capout y no  
 me contesta, me puede decir el porque no  
 en el caso, cual es la razon  
 con respecto a que esta pasando*

 (USE OTHER SIDE OF PAGE IF MORE SPACE IS NEEDED.)  
 (USE EL OTRO LADO DE LA HOJA SI MAS ESPACIO ES NECESITADO.)

 NAME/NOMBRE: Manuel Tijerina Jr. No./Numero: 100 582 79

 WORK ASSIGNMENT/ASIGNACION DE TRABAJO: \_\_\_\_\_ UNIT/UNIDAD: 813

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

NOTA: Si usted sigue las instrucciones en preparar su peticion, puede ser dispuesta mas rapida y inteligentemente. Usted sera entrevistado si es necesario para poder manejar su peticion satisfactoriamente. Su negligencia en declarar su problema especificamente puede resultar en que no se tome alguna accion.

 POSITION: (DO NOT WRITE IN THIS SPACE)  
 POSICION: (NO ESCRIBA EN ESTE ESPACIO)

DATE/FECHA:

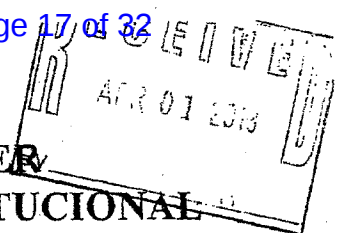
3/20/13

*Tú estás en espera de una evaluación  
 de la amenaza*

*[Signature]*  
 Officer/Oficial



**The Geo Group Inc.**  
**FLIGHTLINE UNIT**



**INMATE REQUEST TO A STAFF MEMBER**  
**PETICION DE INTERNOS PARA UN MIEMBRO INSTITUCIONAL**

TO/PARA: Case Manager Corvado  
 (NAME AND TITLE OF OFFICER/NOMBRE Y TITULO DEL OFFICIAL)

SUBJECT: STATE, COMPLETELY, BUT BRIEFLY, THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE, AND WHAT YOU THINK SHOULD BE DONE. (GIVE DETAILS)

RAZON: ESTIPULE COMPLETO PERO BREVEMENTE EL PROBLEMA CON EL CUAL DESEA ASISTENCIA Y LO QUE DEBE SER HECHO. (DAR DETALLES)

Quisiera pedirle una llamada a mi familia para avisar sobre mi estado de salud despues del ataque de corazon que sufri y estan mas tranquilos y al mismo tiempo si me puede informar sobre mi transfer.

Gracias

(USE OTHER SIDE OF PAGE IF MORE SPACE IS NEEDED.)  
 (USE EL ATRO LADO DE LA HOJA IS MAS ESPACIO ES NECESITADO.)

NAME/NOMBRE: Manuel Tijerina No./Numero: 10638279

WORK ASSIGNMENT/ASIGNACION DE TRABAJO: none UNIT/UNIDAD: SHU 813

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

NOTA: Si usted sigue las instrucciones en preparar su peticion, puede ser dispuesta mas rapida y inteligentemente. Usted sera entrevistado si es necesario para poder manejar su peticion satisfactoriamente. Su negligencia en declarar su problema especificamente puede resultar en que no se tome alguna accion.

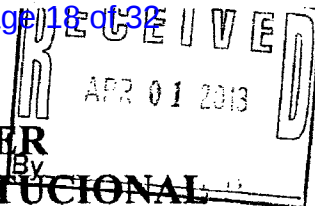
DISPOSITION: (DO NOT WRITE IN THIS SPACE)  
 DISPOSICION: (NO ESCRIBA EN ESTE ESPACIO)

DATE/FECHA: 4-1-13

Approved. Usted puede hacer su llamada mañana despues del almuerzo.

[Signature]  
 Officer/Official

## FLIGHTLINE UNIT



# INMATE REQUEST TO A STAFF MEMBER

## PETICION DE INTERNOS PARA UN MIEMBRO INSTITUCIONAL

TO/PARA: Miss. Treviño Counselor/Case Manager  
(NAME AND TITLE OF OFFICER/NOMBRE Y TITULO DEL OFICIAL)

SUBJECT: STATE, COMPLETELY, BUT BRIEFLY, THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE, AND WHAT YOU THINK SHOULD BE DONE. (GIVE DETAILS)

RAZON: ESTIPULE COMPLETO PERO BREVEMENTE EL PROBLEMA CON EL CUAL DESEA ASISTENCIA Y LO QUE DEBE SER HECHO. (DAR DETALLES)

Quisiera saber como van con mi transfer pues ya tengo 8 meses en el SHU y me dicen una cosa y al mes me dicen otra, quiero que porfavor usted me puede decir la verdad pues me traen a puras mentiras, o si es tan amable de venir a hablar conmigo para explicarme un todo lo que esta afectando fisicamente moral mente todo esto pues me voy salir del hospital pues tengo problemas cardiovasculares, diabetes, colesterol y no tengo buen orden

(USE OTHER SIDE OF PAGE IF MORE SPACE IS NEEDED.)  
(USE EL ATRO LADO DE LA HOJA SI MAS ESPACIO ES NECESITADO.)

Gracias

NAME/NOMBRE: Manuel Tijerina No./Numero: 10638279

WORK ASSIGNMENT/ASIGNACION DE TRABAJO: none UNIT/UNIDAD: SHU 813

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

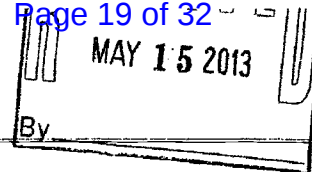
NOTA: Si usted sigue las instrucciones en preparar su peticion, puede ser dispuesta mas rapida y inteligentemente. Usted sera entrevistado si es necesario para poder manejar su peticion satisfactoriamente. Su negligencia en declarar su problema especificamente puede resultar en que no se tome alguna accion.

DISPOSITION: (DO NOT WRITE IN THIS SPACE)  
DISPOSICION: (NO ESCRIBA EN ESTE ESPACIO)

DATE/FECHA: 4-1-13

Usted está en proceso de evaluación para el traslado a Interstate.

Officer/Official

BSCC/GEO GROUP, INC.

{ } Airpark { } Cedar Hill { } Flightline { } Interstate

INMATE REQUEST TO A STAFF MEMBER  
PETICION DE INTERNOS PARA UN MIEMBRO INSTITUCIONAL

TO/PARA:

*Dr. Capellan**5/13/13*

(NAME AND TITLE OF OFFICER/NOMBRE Y TITULO DEL OFFICIAL)

SUBJECT:

STATE, COMPLETELY, BUT BRIEFLY, THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE AND WHAT YOU THINK SHOULD BE DONE. (GIVE DETAILS)

RAZON:

ESTIPULE COMPLETO PERO BREVEMENTE EL PROBLEMA CON EL CUAL DESEA ASISTENCIA Y LO QUE DEBE SER HECHO. (DAR DETALLES)

*Le quiero pedir por favor me de su aprobacion  
(aprove) para que mi familia me envíe o traiga  
un rosario y mi anillo de matrimonio le  
agradezco su atencion.*

*208-211L*

(USE OTHER SIDE OF PAGE IF MORE SPACE IS NEEDED.)

(USE EL OTRO LADO DE LA HOJA SI MAS ESPACIO ES NECESITADO.)

NAME/NOMBRE:

*Manuel Tijerina IV*

No./Numero:

*10638279*

WORK ASSIGNMENT/ASIGNACION DE TRABAJO:

*X*UNIT/UNIDAD: *Shu 821*

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

OTA: Si usted sigue las instrucciones en preparar su peticion, puede ser dispuesta mas rapida y inteligentemente. Usted sera entrevistado si es necesario para poder manejar su peticion satisfactoriamente. Su negligencia en declarar su problema especificamente puede resultar en que no se tome alguna accion.

DISPOSITION: (DO NOT WRITE IN THIS SPACE)

DATE/FECHA:

*5-16-13*

DISPOSICION: (NO ESCRIBA EN ESTE ESPACIO)

*Nothing from home - it must come from a store or church.  
It must be less than \$100. No stones - no big chains.*

*Send it to: Chaplain McGuire*

*1701 Apron Dr.  
Big Spring TX 79720  
Your Name & #*

*Chaplain J. McGuire*  
Officer/Official

BP-S148.055 INMATE REQUEST TO STAFF CDFRM  
SEP 98

U.S. DEPARTMENT OF JUSTICE

JAN 23 2014  
FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>Warden: Ellis (ELLIS)</i>	DATE: <i>01/19/14</i>
FROM: <i>Manuel Tijerina Herrera</i>	REGISTER NO.: <i>10638279</i>
WORK ASSIGNMENT:	UNIT: <i>M 4 11-6</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

*I send this Request to you, for let you know about my problems (Heart Disease, High blood pressure, cholesterol, Diabetes) and I'm not received the medication for my problems, the doctor know about my problem, I have 26 days without medicine. This place is not a medical facility. Please send me to any medical facility, here my medical condition is bad. I'm feel with disorder in my Cardio Vascular System, I have supported device in my veins, who will be responsible if something happen to me, I need your help.*

*Please*

(Do not write below this line)

DISPOSITION:

Signature Staff Member	Date
Record Copy - File; Copy - Inmate (This form may be replicated via WP)	This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94



Record Copy - File: Copy - Inmate  
(This form may be replicated via WP)  
and BP-5148.070 APR 94  
This form replaces BP-148.070 dated Oct 86

Signature Staff Member	Date
------------------------	------

DISPOSITION:

(Do not write below this line)

Please help me up.  
"Plavix" Thanks for your review, and look forward to receiving your response  
"Vain", But this device can't function well without regular drug  
cardiac vascular system, which helps offset the clogged-up  
know that, I'm carrying a reported device (stent) in my  
a fatal stroke which happened clinically before the doctor  
with out medication, or prescription drug, I'll soon suffer  
any medication for this great man, and I have 26 days  
order to the doctor, I so far haven't received the  
As I already raised my concern about my blood thickening  
from your medical Department regarding my medical condition  
This request is directly to advise the request

SUBJECT: (Briefly state your question or concern and the solution you are requesting.  
Continue on back, if necessary. Your failure to be specific may result in no action being  
taken. If necessary, you will be interviewed in order to successfully respond to your  
request.)

TO: (Name and Title of Staff Member) Mr. Jay Dicks M.D.	FROM: Maurice J. Williams
DATE: 01/19/14	REGISTER NO.: 10638279
UNIT: 44 - 111	

FEDERAL BUREAU OF PRISONS

U.S. DEPARTMENT OF JUSTICE

SEP 98  
BP-5148.055 INMATE REQUEST TO STAFF CDRM



BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>Mr. Garoto</i>	DATE: <i>01/19/14</i>
FROM: <i>Manuel Tijerina Herrera</i>	REGISTER NO.: <i>10638279</i>
WORK ASSIGNMENT:	UNIT: <i>H4 11-L</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

*If you are so kind to pay attention about my  
Cardio Vascular problems for the last 26 days.  
The personal medical or Doctor they don't give to  
me my medication I already put a sick call and  
I don't have an answer I think they are playing with  
my Health or something happen, I feel very bad  
for this situation, this place is unsafe for me  
the last time when I was assailed in the Unit 63  
the nurses they don't know what to do with my  
chest pain, and they take 2 hrs. for send to me at  
the hospital outside you know my case, please help me up*

(Do not write below this line)

*Thanks!*

DISPOSITION:

Signature Staff Member	Date
------------------------	------

Record Copy - File; Copy - Inmate  
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86  
and BP-S148.070 APR 94



Note: Per Warden's Memorandum: Bring completed Sick Call Request form and ID with you to Sick Call Sign-Up at Health Services Unit from 6:00 A.M. to 7:00 A.M., Monday through Friday, excluding Federal Holidays. As per Inmate Handbook: you may find yourself seeing a nurse before you see the provider.

Part A: (To be completed by offender in English)

Offender Name: Muhammad Tojima  
 Work Assignment: \_\_\_\_\_  
 Housing: Dorm: B-3 Bunk: 12 L  
 Services needed: \_\_\_\_\_

Date: 11/19/13  
 BOP No.: 10638279  
 Work Hours: \_\_\_\_\_  
 School Hours: \_\_\_\_\_

V Medical \_\_\_\_\_ Dental \_\_\_\_\_ Optometry \_\_\_\_\_  
 Mental Health \_\_\_\_\_ Medication Refill \_\_\_\_\_ Other \_\_\_\_\_

Reason for Sick Call Request:

I have a pain in my Abdomen  
And stomach and Chest I need see the doctor

How long have you had this problem? 4 days

[Signature]  
 Signature of Offender

Part B: (To be completed by triaging medical personnel)

Vital Signs: \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_ O2 Sats (if applicable) \_\_\_\_\_  
 \_\_\_\_\_ Temperature \_\_\_\_\_ Respirations \_\_\_\_\_

Referred to Dentist (if applicable): Yes/No (Circle One)

Referred to Mental Health (if applicable): Yes/No (Circle One)

Scheduled for follow up with Nurse (if applicable): Yes/No (Circle One)

\_\_\_\_\_  
 Date and Time of Scheduled appointment for Nurse

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature/Authentication Stamp

Date

Time

Revised 3/2012

**Reeves County Detention Center I/II  
Health Services Unit  
Sick Call Request**

Note: Per Warden's Memorandum: Bring completed Sick Call Request form and ID with you to Sick Call Sign-Up at Health Services Unit from 6:00 A.M. to completion of morning mess hall, Monday through Friday, excluding Federal Holidays. As per Inmate Handbook: you may find yourself seeing a nurse before you see the provider.

**Part A: (To be completed by offender in English)**

Offender Name: Manuel Tijerina  
Work Assignment: \_\_\_\_\_  
Housing: Dorm: H4 Bunk: 112  
Services needed:

Date: 1/30/14  
BOP No.: 10638279  
Work Hours: \_\_\_\_\_  
School Hours: 8:00 to 10:30 am

☒ Medical ☐ Dental ☐ Optometry  
☐ Mental Health ☐ Medication Refill ☐ Other

**Reason for Sick Call Request:**

The right side of my face is  
numb. please I need see a doctor  
and my arm is bad I can't sleep for the pain  
How long have you had this problem? 6 months

Manuel Tijerina  
Signature of Offender

**Part B: (To be completed by triaging medical personnel)**

Vital Signs: \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Pulse \_\_\_\_\_ O2 Sats (if applicable) \_\_\_\_\_  
Temperature \_\_\_\_\_ Respirations \_\_\_\_\_

Referred to Dentist (if applicable): Yes/No (Circle One)

Referred to Mental Health (if applicable): Yes/No (Circle One)

Scheduled for follow up with Nurse (if applicable): Yes/No (Circle One)

\_\_\_\_\_  
Date and Time of Scheduled appointment for Nurse

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature/Authentication Stamp

Date

Time



BP-S148.055 INMATE REQUEST TO STAFF CDFRM

SEP 98

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) <i>Mr. Parmer, Angela Fuentes</i>	DATE: <i>2/5/14</i>
FROM: <i>Manuel Tijerina Herrera</i>	REGISTER NO.: <i>10638749</i>
WORK ASSIGNMENT:	UNIT: <i>H4 11L</i>

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.)

*This request is final because I need the report of the incident of assault that I had on Nov 2013 in the Unit G-3. Please I need the also the copy of the document I had in the hospital for the injuries that I had, at let me know who can help me to get that information of the Report, Please help me with the copy.*

*Thanks*

*Manuel*

(Do not write below this line)

## DISPOSITION:

*You are not allowed to have any of these items on your personal property. If your attorney wishes to obtain any of these copies/records, he may request to do so in writing and mail it to the facility.*

Signature Staff Member <i>[Signature]</i>	Date <i>2/18/14</i>
Record Copy - File; Copy - Inmate (This form may be replicated via WP)	This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94



INMATE COPY

THE GEO GROUP, INC.

100 Spring Street, Suite 1000

San Francisco, CA 94104

Tel: 415.774.1000

Fax: 415.774.1001

JUL 02 2012

INMATE REQUEST TO A STAFF MEMBER  
 PETICION DE INTERNOS PARA UN MIEMBRO INSTITUCIONAL

TO/PARA:

Sr. Investigador Franco

12/6/12

(NAME AND TITLE OF OFFICER/NOMBRE Y TITULO DEL OFICIAL)

SUBJECT:

STATE COMPLETELY, BUT BRIEFLY, THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE, AND WHAT YOU THINK SHOULD BE DONE. (GIVE DETAILS)

RAZON:

ESTIPULE COMPLETO PERO BREVEMENTE EL PROBLEMA CON EL CUAL DESA ASSISTANCIA Y LO QUE DEBE SER HECHO. (DAR DETALLES)

Con todo respeto Sr. Franco quisiera saber que  
 va a pasar, si me va a poder ver y ayudar como  
 me dijo con lo del transfer pues me siento muy  
 deprimido y deprimido en este lugar y como  
 tengo problemas medicos pues me da mas por  
 tanto problema de salud. Espero me conteste pronto  
 puede OK gracias me llevo informacion nueva OK

(USE OTHER SIDE OF PAGE IF MORE SPACE IS NEEDED)

(USE EL OTRO LADO DE LA HOJA SI MAS ESPACIO ES NECESITADO)

NAME/NOMBRE:

Manuel Tijerina

No./Numero:

10638279

WORK ASSIGNMENT/ASIGNACION DE TRABAJO:

UNIT/UNIDAD: 522

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

NOTA: Si usted sigue las instrucciones en preparar su peticion, puede ser dispuesta mas rapida y inteligentemente. Usted sera entrevistado si es necesario para poder manejar su peticion satisfactoriamente. Su negligencia en declarar su problema especificamente puede resultar en que no se tome alguna accion.

DISPOSITION: (DO NOT WRITE IN THIS SPACE)

DATE/FECHA: 12-11-2012

DISPOSICION (NO ESCRIBA EN ESTE ESPACIO)

Señor Tijerina espero si se este pueda por su transferir  
 mas no se cuanto se tardara. Como le dije esta gente no  
 crear lo que les dije en su parte. - NFI -

574 2012

NO. 2012

THE GEO GROUP, INC.

Big Spring Correctional Center

1 Airpark

☒ Cedar Hill

1 Flightline

1 Inmate

1 Inmate

INMATE REQUEST TO A STAFF MEMBER

DEC 17 2012

PETICION DE INTERNOS PARA UN MIEMBRO INSTITUCIONAL

TO/PARA:

(NAME AND TITLE OF OFFICER/NOMBRE Y TITULO DEL OFICIAL)

SUBJECT: STATE, COMPLETELY, BUT BRIEFLY, THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE, AND WHAT YOU THINK SHOULD BE DONE. (GIVE DETAILS)

RAZON: ESTIPULE COMPLETO PERO BREVEMENTE EL PROBLEMA CON EL CUAL DESEA ASISTENCIA Y LO QUE DEBE SER HECHO. (DAR DETALLES)

*Si Franco con esto son 4 veces que le mande  
pedir por este asunto, que si me puede hacer  
saber como va con la vida del caso por lo  
menos 3 semanas ya no van dicho solo que  
a por un momento que este caso ya va  
que no van a ser por lo que depende en el momento  
de la vida de la persona que va a ser y saber*

(USE OTHER SIDE OF PAGE IF MORE SPACE IS NEEDED.)

(USE EL OTRO LADO DE LA HOJA SI MAS ESPACIO ES NECESITADO.)

NAME/NOMBRE:

*Manuel Tijerina*

No./Numero:

*10638970*

WORK ASSIGNMENT/ASIGNACION DE TRABAJO:

*SHU*

UNIT/UNIDAD:

*SHU 522*

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

NOTA: Si usted sigue las instrucciones en preparar su peticion, puede ser dispuesta mas rapida y inteligentemente. Usted sera entrevistado si es necesario para poder manejar su peticion satisfactoriamente. Su negligencia en declarar su problema especificamente puede resultar en que no se tome alguna accion.

DISPOSITION: (DO NOT WRITE IN THIS SPACE)

DATE/FECHA: *12/13/2012*

DISPOSITION: (NO ESCRIBA EN ESTE ESPACIO)

*Señor Tijerina ya le a respondido cada vez que usted me manda  
los copys. No se porque no los a recibido. -NFI-*

STAFF D. Franco

misma no se a quien acudir por favor  
ayudarme con mi problema, tambien quiero  
saber los resultados de el dia que fui  
al hospital por 5 dias por mi problema del  
corazon quisiera tener el reporte de todo  
necesito ayuda por favor.

gracias  
A.H.  
Manuel

RECEIVED  
R.P. HSAA

JUN 27 2012

JUN 25 2012

HEALTH SERVICE  
ADMINISTRATION

{ } Airpark

THE GEO GROUP, INC.

Big Spring Correctional Center

{ } Cedar Hill

{ } Flightline

{ } Interstate

INMATE REQUEST TO A STAFF MEMBER  
PETICION DE INTERNOS PARA UN MIEMBRO INSTITUCIONALTO/PARA: Sr. Farquhar 6/20/12  
(NAME AND TITLE OF OFFICER/NOMBRE Y TITULO DEL OFICIAL)SUBJECT: STATE, COMPLETELY, BUT BRIEFLY, THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE,  
AND WHAT YOU THINK SHOULD BE DONE. (GIVE DETAILS)  
RAZON: ESTIPULE COMPLETO PERO BREVEMENTE EL PROBLEMA CON EL CUAL DESEA  
ASISTENCIA Y LO QUE DEBE SER HECHO. (DAR DETALLES)

me permito pedirle si me puede ayudar  
necesito un soporte para mi cintura pues estoy  
herniado y necesito un soporte para el trabajo  
y otro para mi brazo, porque despues de los  
golpes que recibí de los países me quedo muy  
dañado el cuerpo necesito su atención por  
Favor ayudeme y tengo mucho problema con el  
balanceo o equilibrio

(USE OTHER SIDE OF PAGE IF MORE SPACE IS NEEDED.)  
(USE EL OTRO LADO DE LA HOJA SI MAS ESPACIO ES NECESITADO.)

NAME/NOMBRE: Manuel Tzuc N. No./Numero: 10638279  
WORK ASSIGNMENT/ASIGNACION DE TRABAJO: Colima UNIT/UNIDAD: E-01-02  
104-003L

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

NOTA: Si usted sigue las instrucciones en preparar su petición, puede ser dispuesta mas rápida y inteligentemente. Usted será entrevistado si es necesario para poder manejar su petición satisfactoriamente. Su negligencia en declarar su problema específicamente puede resultar en que no se tome alguna acción.

Submit a sick call request  
form and watch the call-outs  
for your appointment.

Rose Perez, HSAA

JUN 27 2012

Officer/Oficial



## CORNELL COMPANIES, INC.

RECEIVED

{ } Airpark

{X} Cedar Hill

{ } Flightline

{ } Interstate

SEP 25 2012

INMATE REQUEST TO A STAFF MEMBER  
PETICION DE INTERNOS PARA UN MIEMBRO INSTITUCIONAL

By: Erica Cobos

TO/PARA:

Senior Warden

(NAME AND TITLE OF OFFICER/NOMBRE Y TITULO DEL OFICIAL)

SUBJECT:

STATE, COMPLETELY, BUT BRIEFLY, THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE, AND WHAT YOU THINK SHOULD BE DONE. (GIVE DETAILS)

RAZON:

ESTIPULE COMPLETO PERO BREVEMENTE EL PROBLEMA CON EL CUAL DESEA ASISTENCIA Y LO QUE DEBE SER HECHO. (DAR DETALLES)

I need to Com out of the SHU I have 2 months  
Beacause of my medical Problem  
I am Sick from my Heart, to  
be good tacker care of. my wife  
is talking to my lawyer I have  
Done Nothing wrong a Bad It's only  
a Investigation It takes to long

(USE OTHER SIDE OF PAGE IF MORE SPACE IS NEEDED.)

(USE EL ATRO LADO DE LA HOJA IS MAS ESPACIO ES NECESITADO.)

NAME/NOMBRE:

Maurice Tyner Jr.

No./Numero:

10638279

WORK ASSIGNMENT/ASIGNACION DE TRABAJO:

UNIT/UNIDAD:

SHU

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. You will be interviewed, if necessary, in order to satisfactorily handle your request. Your failure to specifically state your problem may result in no action being taken.

NOTA: Si usted sigue las instrucciones en preparar su peticion, puede ser dispuesta mas rapida y inteligentemente. Usted sera entrevistado si es necesario para poder manejar su peticion satisfactoriamente. Su negligencia en declarar su problema especificamente puede resultar en que no se tome alguna accion.

DISPOSITION: (DO NOT WRITE IN THIS SPACE)

DATE/FECHA:

9-26-12

DISPOSICION: (NO ESCRIBA EN ESTE ESPACIO)

You will not be released until the SIS investigation is completed.

Warden

Officer/Official

BSCC - GEO - Cedar hill Unit  
Institution

# INMATE'S COPY

Date/Time: 11-30-2012 / 11:00pm

TO: Special Housing Unit Officer  
FROM: CS. J. Calk, (Name/Title)  
SUBJECT: Placement of Mauel, Tijerina Reg. No. #10638-279 in Administrative Detention.

- ☐ (a) Is pending a hearing for a violation of Bureau regulations;
- ☐ (b) Is pending investigation of a violation of Bureau regulations;
- ☐ (c) Is pending investigation or trial for a criminal act;
- ☐ (d) Is to be admitted to Administrative Detention.
- ☒ (1) since the inmate has requested admission for protection;

I hereby request placement in Administrative Detention for my own protection.

Inmate Signature /Reg. No. 11/30/12

Staff Witness Printed Name & Signature P. Scott

- ☐ (2) Since a serious threat exists to individual's safety as perceived by staff, although person has not requested admission; referral of the necessary information will be forwarded to the UDC/DHO for appropriate hearing.
- ☐ (e) Is pending transfer or is in holdover status during transfer
- ☐ (f) Is pending classification; or
- ☐ (g) Is terminating confinement in Disciplinary Segregation and has been ordered into Administrative Detention by the Senior Warden's designee.

It is this officer's decision based on all the circumstances that the above named inmate's continued presence in the general population poses a serious threat to life, property, self, staff, other inmates, or to the security or orderly running of the institution because

Inmate Mauel, Tijerina #10638-279 is being placed in administrative detention pending SIS investigation

Therefore, the above named inmate is placed in Administrative Detention until further notice. The inmate received a copy of this order on (date/time) 11-30-2012 / 11:05pm

Staff Witness Signature/Printed Name [Signature]

Date: 11-30-2012

In the case of DHO action, reference to that order is sufficient. In other cases, the officer will make an independent review and decision, which is documented here.

RECEIVED  
R.B. HSAA

JUN 27 2012

JUN 25 2012

HEALTH SERVICE  
ADMINISTRATION

THE GEO GROUP, INC.  
Big Spring Correctional Center

{ } Airpark { } Cedar Hill { } Flightline { } Interstate

INMATE REQUEST TO A STAFF MEMBER  
PETICION DE INTERNOS PARA UN MIEMBRO INSTITUCIONAL

TO/PARA: Medico Sr. P. Flores 6/20/12  
(NAME AND TITLE OF OFFICER/NOMBRE Y TITULO DEL OFICIAL)

SUBJECT: STATE, COMPLETELY, BUT BRIEFLY, THE PROBLEM ON WHICH YOU DESIRE ASSISTANCE,  
AND WHAT YOU THINK SHOULD BE DONE. (GIVE DETAILS)  
RAZON: ESTIPULE COMPLETO PERO BREVEMENTE EL PROBLEMA CON EL CUAL DESEA  
ASSISTANCIA Y LO QUE DEBE SER HECHO. (DAR DETALLES)

Ya he puesto Sick call para poder ver y ser  
atendido por un medico o por enfermeras  
por favor quisiera pedirle si me pueden atender  
por me siento muy mal por no tener atencion  
de parte de un Doctor me siento mal y no puedo  
tener equilibrio o balance despues de la golpizas  
que me dieron los poliss en Flightline y por lo ->  
(USE OTHER SIDE OF PAGE IF MORE SPACE IS NEEDED.)  
(USE EL OTRO LADO DE LA HOJA SI MAS ESPACIO ES NECESITADO.)

NAME/NOMBRE: Manuel Tijerina N. No./Numero: 10638279

WORK ASSIGNMENT/ASIGNACION DE TRABAJO: Coyne UNIT/UNIDAD: E-01-02

NOTE: If you follow instructions in preparing your request, it can be disposed of more promptly and intelligently. Failure to follow instructions may result in no action being taken.  
NOTA: Si usted sigue las instrucciones en preparar su petición, puede ser dispuesta mas rápida y inteligentemente. Usted será entrevistado si es necesario para poder manejar su petición satisfactoriamente. Su negligencia en declarar su problema puede resultar en que no se tome alguna acción.

104-023L

Submit a sick call request  
form and watch the call-outs  
for your appointment.

R JUN 27 2012  
Rose Perez, HSAA  
Officer/Oficial